Please Respond in English



Santiam Canyon School District 129J

Notice to Obtain Written Parental Consent for Military or College Recruiters

Name of Student:				Date: <u>08/01/2019</u>			
						(mm/dd/yyyy)	
Name of Parent:					School:	Santiam Junior/Senior High School	
Dear Pare	ent, Guardian,	or Secondary Stud	lents:				
The district has received a request by a military recruiter or college for secondary school student information. You requested to be informed if such a request is made so that you may provide us with prior written consent to release such information.							
The follow	wing group(s)	have requested se	condary student's name,	address and telephone:			
	Military Re	ecruiter					
	optional: _					(branch of military service)	
	College, U	niversity or an Inst	itution of Higher Learn	ng.			
	optional: _					(name of college, university, etc.)	
Please complete the section below to provide us with <i>written consent</i> which gives us approval to release this information or your decision to deny release of this information. Please return this form to your child's school as soon as possible.							
Sincerely,	,						
Parent or Guardian: Please complete this section and return the entire form to your child's school. Use a separate form for each child. I am aware the district must provide student names, addresses and telephone listings access to military recruiters, colleges, or universities. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups without prior							
	rental consen		pon request, unless r req	une mai such information not be j	given to t	the following groups without prior	
Military I	Recruiters (p	lease check one):					
☐ Do not release my secondary student's information to military recruiters at any time.							
	Do not release my secondary student's information to military recruiters until you have first obtained my <i>prior written parental consent</i> before doing so.						
Colleges, Universities, or Institutions of Higher Learning (please check one):							
Do not release my secondary student's information to colleges, universities or other institutions of higher learning at any time.							
Name of S	Student:			Name of Parent or Guardian:			
						11111	
Parent Signature:					Date:		
						(mm/dd/yyyy)	
Adult Stud	lent Signature	:			Date:	() () ()	
						(mm/dd/yyyy)	
OFFICE USE ONLY							
Student ID #		te Distributed	Date Received				